Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity		OMB No. 1545-0047
Form OOTS IL	For calendar year 2021, or fiscal year beginning JUL 1 , 2021, and ending JUN 30	20 2 2	0004
	Do not send to the IRS. Keep for your records.	,	2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.		
Name of filer		EIN or SSN	
LITERA	CY KANSAS CITY	43-143	5729
Name and title of officer or pe	rson subject to tax GILLIAN HELM EXECUTIVE DIRECTOR		
Part I Type of	Return and Return Information		
Form 5330 filers may enter or 10a below, and the amo whichever is applicable, bit than one line in Part I.	n for which you are using this Form 8879-TE and enter the applicable amount, if any, from the dollars and cents. For all other forms, enter whole dollars only. If you check the box on the punt on that line for the return being filed with this form was blank, then leave line 1b , 2b ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	line 1a, 2a, 3a , b , 3b, 4b, 5b, 6 le line below. D	, 4a, 5a, 6a, 7a, 8a, 9a, 5, 7b, 8b, 9b, or 10b, 9o not complete more
1a Form 990 check h			
2a Form 990-EZ che			o
3a Form 1120-POL			o
4a Form 990-PF che			o
5a Form 8868 check			o
6a Form 990-T chec			o
7a Form 4720 check			o
8a Form 5227 check			o
9a Form 5330 check 10a Form 8038-CP ch			ວ)b
	ion and Signature Authorization of Officer or Person Subject to Tax		
	I declare that X I am an officer of the above entity or I am a person subject to		t to (name
	, (EIN) an		-
later than 2 business days payment of taxes to receiv personal identification nun	t the entry to this account. To revoke a payment, I must contact the U.S. Treasury Finan prior to the payment (settlement) date. I also authorize the financial institutions involved e confidential information necessary to answer inquiries and resolve issues related to the iber (PIN) as my signature for the electronic return and, if applicable, the consent to elect the setting of the electronic return and if applicable the consent to elect the setting of the electronic return and if applicable the consent to elect the setting of the setting of the electronic return and if applicable the consent to elect the setting of the	l in the processii e payment. I hav	ng of the electronic ve selected a
PIN: check one box only	RGANKDV, LLC t	to enter my PIN	35729
	ERO firm name	-	Enter five numbers, but
			do not enter all zeros
with a state age on the return's c As an officer or	on the tax year 2021 electronically filed return. If I have indicated within this return that a ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afor isclosure consent screen. person subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(ies)	prementioned El	RO to enter my PIN electronically filed
IRS Fed/State p	rogram, I will enter my PIN on the return's disclosure consent screen.		
Signature of officer or person subject Part III Certifica	tion and Authentication	Date 🕨	•
	ur six-digit electronic filing identification		
	your five-digit self-selected PIN. Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2021 electronically filed return indica cordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for <i>J</i>	ited above. I cor	
ERO's signature 🕨	Date ►		
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To Do		
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.	F	orm 8879-TE (2021)
102521 01-11-22			

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					Taxpayer identification number (TIN)		
print LITERACY KANSAS CITY					43-1435729		
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, s 3036 TROOST AVE	ee instruct	ions.				
instructions	City, town or post office, state, and ZIP code. For a for KANSAS CITY, MO 64109	oreign addi	ress, see instructions.				
Enter the	e Return Code for the return that this application is for (file	e a separat	te application for each return)				
Application Return Application			Application			Return	
ls For		Code	Is For	Code			
Form 99	0 or Form 990-EZ	01	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
Form 99	0-T (corporation) EBCFO LLC	07					
box	is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the organization named above. The extension named above. The extensi n	and atta	$\frac{ch \ a \ list \ with \ the \ names \ and \ TINs \ of}{X \ 15, \ 2023}, to \ file \ return \ for: \ d \ ending \ JUN \ 30, \ 2022$	all memb	ers the exte		
3a If t	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less				
	y nonrefundable credits. See instructions.	·	-	3a	\$	0.	
						0	
	timated tax payments made. Include any prior year overp			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa ing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	
Caution instruction	: If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84		d Form 8879	-	

Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not external revenue foundation in the internal Revenue Code (except private foundations) Do not external revenue foundations Not be 2012 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 D Employee Identification number A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 D Employee Identification number Advance Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2" Other advance Colspan="2" Denote output Other advance Colspan="2" Denote output Other advance Colspan="2" Denote output Denote output <th c<="" th=""></th>	
Department of the Treasury ► Do not enter social security numbers on this form as it may be made public. Department of the Treasury Open to Public Inspection A For the 221 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 Demological and ending JUN 30, 2022 B Chack H applicable C Name of organization D Employer identification number Outgoes Diang business as 43-1435729 Iteration Users and the interval of the stress of the	
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.00	
14 Benefits paid to or for members (Part IX, column (A), line 4)	
3 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,026,821 2,187,241	
16a Professional fundraising fees (Part IX, column (A), line 11e)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,020,021 2,107,241 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 152,406. 775,059. 862,119	
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,783,046. 2,006,936. 21 Total liabilities (Part X, line 26) 182,224. 161,274. 22 Net assets or fund balances. Subtract line 21 from line 20 1,600,822. 1,845,662.	
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ZI 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	

Sign		Signature of officer			Date	
Here		GILLIAN HELM, EXECUT	IVE DIRECTOR			
		Type or print name and title				
	Prin	t/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	Paid BRANNON C. GORE, CPA					
Preparer	Firm	's name 🍺 BERGANKDV, LLC			Firm's EIN 🕨 41–1431613	
Use Only	Firm	's address 🖌 10401 HOLMES R	D, STE 400			
	KANSAS CITY, MO 64131 Phone no. (816) 525-9699					
May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Binely decrete the organizations mission: LITTERACY KANSAS CITY'S MISSION IS TO ADVANCE LITERACY IN THE KANSAS COLLABORATION. OUR VISION IS LITERACY FOR ALL. 2 Dot the organization program services during the year which were not listed on the prior Form 9040 or 900-E22 11 "Yes," describe these new services on Schedule 0. 11 "Yes," describe these new services canoplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses and revenue, if any, for each norganizane service accomplishments for each of its three largest program services, as measured by expenses. 36 (cost::::::::::::::::::::::::::::::::::::		1990 (2021) LITERACY KANSAS CITY	43-1435729	Page
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Form	990	(2021)

 Form 990 (2021)
 LITERACY
 KANSAS
 CITY

 Part IV
 Checklist of Required Schedules
 CITY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
~				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI		- 23	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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 Form 990 (2021)
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 Part IV
 Checklist of Required Schedules
 (continued)

	continued)			
22	Did the experimentation report more than ⁶⁵ 000 of grants or other explotence to or far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<u> </u>
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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Pai	990 (2021) LITERACY KANSAS CITY	43-1435	729	P	Page 5
	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			, 	
_		I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 70			
h	filed for the calendar year ending with or within the year covered by this return		2b	x	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions		20		
32			3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	 Դ	3b	<u> </u>	<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	vices provided to the payor?	7a	──	X
b			7b	──	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e	┼──	──
t m	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		<u> </u>
g L	If the organization received a contribution of qualified intellectual property, did the organization file For		7g 7b		
8 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h		
0		-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
0	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
		11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
		11b	12a		
2a	amounts due or received from them.)	11b	<u>12a</u>		
2a b	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 1041?	<u>12a</u>		
2a b 3	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11b 1041? 12b	12a 13a		
2a b 3 a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	11b 1041? 12b			
2a b 3 a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the	11b 1041? 12b			
2a b 3 a b	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	11b 1041? 12b			
2a b 3 b c	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	11b 1041? 12b	13a		
2a b 3 b c 4a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	11b 1041? 12b 13b 13c	13a 13a 14a		X
2a b 3 b c 4a b	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i>	11b 1041? 12b 13b 13c	13a		x
2a b 3 b c 4a b	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	11b 1041? 12b 13b 13c e O ation or	13a 13a 14a 14b		
2a b 3 b c 4a b	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	11b 1041? 12b 13b 13c e O ation or	13a 13a 14a		x
2a b 3 b c 4a 5	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	11b 1041? 12b 13b 13c e O ation or	13a 14a 14b 15		x
2a b 3 b c 4a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	11b 1041? 12b 13b 13c e O ation or	13a 13a 14a 14b		
2a 3 a b c 4a 5 6	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	11b 1041? 12b 13b 13c e O ation or	13a 14a 14b 15		x
2a b 3 b c 4a 5	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	11b 1041? 12b 13b 13c e O ation or	13a 14a 14b 15		x

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

X

	Established work and a line work and the second		1 [Yes	N			
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	16						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		16						
	Enter the number of voting members included on line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			•					
-	officer, director, trustee, or key employee?			2		X			
	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X			
	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	····· -	5		X			
6	Did the organization have members or stockholders?		····· -	6		X			
	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?		7a						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?			7b		X			
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X			
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)							
					Yes	N			
0a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing the	form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		ſ						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe								
	on Schedule O how this was done	,		12c	х				
3	Did the organization have a written whistleblower policy?			13	Х				
	Did the organization have a written document retention and destruction policy?			14	Х				
5	Did the process for determining compensation of the following persons include a review and approva								
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	х				
	Other officers or key employees of the organization		·····	15b		x			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		·····	155					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	agent with a							
Ua				16a		x			
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		·····	10a		- 23			
D			'						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			104					
001	exempt status with respect to such arrangements?			16b					
		1000 T (504()(0)						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-1 (section	501(c)(3)s	only)	availat	ble			
	for public inspection. Indicate how you made these available. Check all that apply.								
~		on Schedule O)		~					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest p	policy, and	tinano	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records	▶						
0									
.0	<u>EBCFO LLC - 8163928425</u> 1520 CLAY STREET, NORTH KANSAS CITY, MO 64116								

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax	year.
 List a 	all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.	

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

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• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is b		s both	an	compensation	compensation	amount of	
	week		officer and a director/t		ctor/trustee)		from	from related	other	
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	utiona	_	mploy	st col	ar	1000 1120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GILLIAN HELM	40.00		_							
CHIEF EXECUTIVE OFFICER				Х				128,468.	Ο.	0.
(2) DEBRA S BRIGGS	40.00									
EXECUTIVE DIRECTOR OF ADULT EDUCATIO						X		100,107.	0.	0.
(3) LYNNE O'CONNELL	1.00									
PRESIDNET		Х		Х				0.	0.	0.
(4) DAVID VOORHEES	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) PAUL EWING	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) NAZYRAH (NAZ) ROGERS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) MICHAEL GANHEART	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(8) LAUREN COMPTON	1.00									-
DIRECTOR		Х						0.	0.	0.
(9) PAUL DEFOE	1.00									-
DIRECTOR		Х						0.	0.	0.
(10) MIKE MIELKE	1.00									-
DIRECTOR		Х						0.	0.	0.
(11) WILLY PEGUES	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(12) MARQUIS (MAK) QUEEN	1.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(13) BRENDAN RITTEL	1.00							•	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(14) TRICIA SCAGLIA	1.00							•	0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(15) BOBBY KELLY	1.00							•	0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(16) ANN TINSMAN	1.00	77							<u>^</u>	
DIRECTOR	1 00	Х				-		0.	0.	0.
(17) BRIDGET RICHARDS	1.00	v						0.	0.	0.
DIRECTOR		Х						U.	υ.	Form 990 (2021)

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	990 (2021) LITERACY	KANSAS	CI	ΤY						43-14	1357	29	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	verage Position (do not check more than one box, unless person is both ar				than d is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	I	fr org and	pensa om the anizati d relate inizatio	e ion ed
	YOLANDA WALDON	1.00									_			•
	CTOR		X						0.		0.			0.
									220 575		0			
с	Subtotal Total from continuation sheets to Part VI	I, Section A							228,575. 0. 228,575.		0.0.			0. 0. 0.
d 2	Total (add lines 1b and 1c)							o re		000 of reportable				2
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-		-	•	-		Ŭ	• • •		[3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-					-	-		4		Х
5	Did any person listed on line 1a receive or a	Iccrue comper	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or sı	ich i	bers	on .					5		Х
1	Complete this table for your five highest con									, ,	ensat	on fro	m	
	(A) Name and business address NONE								(B) Description of s		C	(C ompe	;) nsatio	า
2	Total number of independent contractors (in	•	ot lin	niteo	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz					(,					-orm	9 90 (2	2021)

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	rt VII							
		Check if Schedule O o	contains a response	e or note to any lin	e in this Part VIII (A)	(B)	(C)	[] (D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						1	business revenue	from tax under
								sections 512 - 514
ts t	1 a	Federated campaigns	1a					
un	b	Membership dues	1b					
G G	с	Fundraising events	1c					
ar A	d	Related organizations						
o, G	е	Government grants (contr		,724,588.				
ŝ	f	All other contributions, gifts,			1			
her		similar amounts not included		276,597.				
ĢĘ	a	Noncash contributions included in						
Contributions, Gifts, Grants and Other Similar Amounts	9 h	Total. Add lines 1a-1f		•	3,001,185.			
0.0				Business Code	5,001,1000			
	0.0	READING EDUCA	TTON PROC	611710	93,425.	93,425.		
ice	2 a			011/10	95,425.	55,425.		
er v	b							
n S /en	С							
Jrar Sev	d							
Program Service Revenue	е							
₽	•	All other program service			00.405			
	g				93,425.			
	3	Investment income (incluc	•	•				
		other similar amounts)		►				
	4	Income from investment of						
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	с	Rental income or (loss)	6c					
	d	Net rental income or (loss))	►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis			1			
ē		and sales expenses	7b					
ent	с	Gain or (loss)	7c					
Revenue		Net gain or (loss)						
ř		Gross income from fundraisi						
Othe	0 4		of					
U		contributions reported on						
		Part IV, line 18		a213,730.				
	h	Less: direct expenses		b 28,581.				
					185,149.			185,149.
				▶	105,149.			105,149.
	9 a	Gross income from gamin	-					
	_	Part IV, line 19						
		Less: direct expenses		b				
		()	-	····· 🕨				
	10 a	Gross sales of inventory, I						
		and allowances						
	b	Less: cost of goods sold)b				
	С	Net income or (loss) from	sales of inventory					
s				Business Code				
in e	11 a	MISCELLANEOUS	REVENUE	611710	14,442.	14,442.		
ane	b							
iell: eve	с							
Miscellaneous Revenue	d	All other revenue						
2	e	Total. Add lines 11a-11d			14,442.			
	12	Total revenue. See instruction			3,294,201.	107,867.	0.	185,149.
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LITERACY KANSAS CITY

Form 990 (2021)

2021.05080 LITERACY KANSAS CITY

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	Check if Schedule O contains a respon	se or note to any line in	this Part IX		<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	121,571.	121,571.		
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)		1 001 005		400 505
7	Other salaries and wages	2,065,670.	1,881,905.	53,168.	130,597.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	00 071	20 741	40 220	
	column (A), amount, list line 11g expenses on Sch 0.)	80,071. 20,851.	30,741. 6,706.	49,330. 6,645.	7 500
12	Advertising and promotion	20,851.	6,706.	0,045.	7,500.
13	Office expenses	212 245	102 052	16 547	2,645.
14	Information technology	212,245.	193,053.	16,547.	2,045.
15	Royalties	124,732.	109,164.	10,146.	5,422.
16		16,336.	16,233.	103.	J,422•
17	Travel	10,550.	10,233.	103.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	94,186.		94,186.	
22 23		30,329.		30,329.	
23 24	Other expenses. Itemize expenses not covered				
27	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CURRICULUM MATERIALS	89,853.	87,590.	1,189.	1,074.
b	CONTRACT LABOR	61,846.	61,846.	,=	,
c	SUPPLIES	57,104.	53,349.	3,389.	366.
d	TELEPHONE	25,419.	17,743.	7,676.	
	All other expenses	49,147.	26,132.	18,213.	4,802.
25	Total functional expenses. Add lines 1 through 24e	3,049,360.	2,606,033.	290,921.	152,406.
26	Joint costs. Complete this line only if the organization				•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

LITERACY KANSAS CITY Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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	990 (2 t X	2021) LITERACY KANSAS CITY Balance Sheet		43-	1435729 Page 11
Par	1				
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	700 202	1	999,222.
	2	Cash - non-interest-bearing Savings and temporary cash investments		2	,222.
	2	Pledges and grants receivable, net			466,355.
	4	Accounts receivable, net		4	100,000
	- 5	Loans and other receivables from any current or former officer, director,			
	5	trustee, key employee, creator or founder, substantial contributor, or 35%			
				5	
	6	controlled entity or family member of any of these persons		5	
	0	$(-1)^{-1}$		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9		10 0 6 2		9,826.
		Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other		5	5,0200
	104	basis. Complete Part VI of Schedule D 10a 905, 726	5.		
	h	Less: accumulated depreciation	542,822	10c	531,533.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11			
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 700 046		2,006,936.
	17	Accounts payable and accrued expenses			161,274.
	18	Grants payable		18	
	19	Deferred revenue			
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
ties		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Lie	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	182,224	26	161,274.
		Organizations that follow FASB ASC 958, check here 🕨 🗴			
sec		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	1,155,445	27	1,217,313.
Bal	28	Net assets with donor restrictions		28	628,349.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
Έ		and complete lines 29 through 33.			
s ol	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances			1,845,662.
	33	Total liabilities and net assets/fund balances	. 1,783,046	33	2,006,936.

Form 990 (2021)

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Form	1990 (2021) LITERACY KANSAS CITY	43-14	135729	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,294	.,20	01.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,049),30	<u>60.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	244	.,84	<u>41.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,600),82	22.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,845	5,60	<u>63.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Nar	ne of t	he organization							identification number	
			RACY KANSA		43-1435729					
Pa	art I	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	6.		
The	organi	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	ו 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental un	it describe	ed in	
		section 170(b)(1)(A)(iv). (C		č		, ,				
6				nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
'		section 170(b)(1)(A)(vi). (C			onna gove	Innenta		e general j		
8		A community trust describe		1)(A)(vi) (Complete Par	ылу					
9	\square	-			-	nd in ooniu	upotion with a	and grant		
9		An agricultural research org	-			-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	ne college	or	
40		university:	11	11						
10		An organization that norma						-	•	
		activities related to its exem		-					-	
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	ifter June 30, 1975.	
		See section 509(a)(2). (Cor								
11		An organization organized a	•	, ,	•					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) c	r section	509(a)(2).	See section 5	09(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	ipporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	ı(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
c] Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	y integrate	d with,	
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.			
c		Type III non-functionally		-				ed organiz	zation(s)	
		that is not functionally int						-		
		requirement (see instructi			•		-			
e		Check this box if the orga	,	•	-			Type III		
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	, i ypo iii		
f	Ente	er the number of supported of								
		vide the following information	•	d organization(s)						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10	Yes	ng document? No	support (see in:	structions)	support (see instructions)	
				above (see instructions))						
Tota	al									

LITERACY KANSAS CITY

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1660868.	1750527.	1475569.	2790275.	3001185.	10678424.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	1660868.	1750527.	1475569.	2790275.	3001185.	10678424.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.						10678424.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	1660868.	1750527.	1475569.	2790275.	3001185.	10678424.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						10678424.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12				
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section /	01(c)(3)				
	organization, check this box and stop						>			
Sec	ction C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2021 (I						100.00 %			
	Public support percentage from 2020						100.00 %			
1 6a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies	as a publicly supp	orted organization				►X			
b	33 1/3% support test - 2020. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz				
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□			
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the									
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□]			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	≤ ▶□			
						Schedule A	(Form 990) 2021			

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Schedule A (Form 9	90) 202
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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
-							
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
~							
	Total. Add lines 1 through 5						
73	a Amounts included on lines 1, 2, and 3 received from disgualified persons						
	Amounts included on lines 2 and 3 received						
-	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			4			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
	Amounts from line 6						,
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
I	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			1			
	First 5 years. If the Form 990 is for th	L ne organization's fi	rst second third	fourth or fifth tax	Vear as a section F		I
••	check this box and stop here	•					·
Se	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2021. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar						
I	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted organiz	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	
1320	23 01-04-22					Sche	dule A (Form 990) 2021
			16				

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LITERACY KANSAS CITY

1

2

3a

3b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

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Schedule A	(Form 990) 202	1 LITERA	ΔCΥ	KANSAS	CITY
Part IV	Supporting	Organizations (COI	ntinu	ed)	

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

						yanizalion.	
Sectio	n C.	Type I	I Suppo	orting C	Drgani	izations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

could bry a type in cupper ang organizations	Section D. All Type III Supporting Organizations
--	--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>Jul (0000 mod domono)</i>

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____

Yes No

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Schedule A (Form 990) 2021

1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1 a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
_							

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Ons Underdistribution Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				
				So	chedule A (Form 990) 2021

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LITERACY KANSAS CITY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Amounts paid to perform activity that directly furthers exempt purposes of supported

Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1

2

3 4

5

6

7

8

Current Year

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Schedule A (Form 990) 2021

Section D - Distributions

2

3

4

5

6

7

8

<u>Schedule A</u>	(Form 990) 2021	LITERACY					43-1435729	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	l, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	5a, 6, 9a, 9b, 9 IV, Section E,	9c, 11a, 11b lines 1c, 2a,	, and 11c; Part IV, S 2b, 3a, and 3b; Par	Section B, lines 1 t V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Pa	n C,
	(See instructions.)							
132028 01-04-2	22			21			Schedule A (Form 9	990) 202 ⁻

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

43-1435729

ne oi	une	orgai	iizat	1011		

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule.

LITERACY KANSAS CITY

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

43-1435729

LITERACY KANSAS CITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1</u>		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11		\$	Person Payroll Oronash Oronash Complete Part II for noncash contributions.)

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Schedule B (Form 990)) (2021))
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Name of organization

Employer identification number

43-1435729

LITERACY KANSAS CITY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Schedule B	3 (Form 990) (2021)			Page 4					
Name of or	ganization		Employer ide	ntification number					
LTTERA	ACY KANSAS CITY		43-143	5729					
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in se	ction 501(c)(7), (8), or (10) that total more that						
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclus	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \blacktriangleright \$						
(a) No.	Use duplicate copies of Part III if additional s	space is needed.							
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held					
		(e) Transfer of gif	t						
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to trans	sferee					
Γ			·						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held					
Part I									
F		(e) Transfer of gif	I						
				-					
F	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to trans	steree					
(a) No. from	(b) Purpose of gift	(a) Llas of sift	(d) Description of how	aift is hold					
Part I		(c) Use of gift							
F		(e) Transfer of gif							
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to trans	sferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held					
Ļ									
	(e) Transfer of gift								
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to trans	sferee					
123454 11-11-	-21		Schedu	ule B (Form 990) (2021)					

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G2069.01

		Gunnlamant	l Einanaial Statamanta		OMB No. 1545-0047				
	HEDULE D n 990)		al Financial Statements anization answered "Yes" on Form 990,		2021				
		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.						
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and the latest information.		Open to Public Inspection				
	e of the organizat	ion			loyer identification number				
Pa	t I Organiz	LITERACY KANSAS CI	TY d Funds or Other Similar Funds or A		<u>43-1435729</u>				
I U	-	on answered "Yes" on Form 990, Part IV, lin		Jooun					
			(a) Donor advised funds	(b) Fund	ds and other accounts				
1	Total number at e	nd of year							
2		of contributions to (during year)							
3		of grants from (during year)							
4		at end of year							
5	-		writing that the assets held in donor advised fun						
			exclusive legal control?		Yes No				
6	•		dvisors in writing that grant funds can be used o						
	• •		r donor advisor, or for any other purpose confer	•					
Pa	impermissible priv		ganization answered "Yes" on Form 990, Part IV		Yes No				
1		servation easements held by the organization		, line 7.					
•		n of land for public use (for example, recrea		orically i	moortant land area				
		of natural habitat	Preservation of a cert	,	1				
		n of open space		incu nis					
2			ied conservation contribution in the form of a co	nservat	ion easement on the last				
_	day of the tax yea				Held at the End of the Tax Year				
а	Total number of c	onservation easements		2a					
b				2b					
с	Number of conse		ucture included in (a)	2c					
d			after 7/25/06, and not on a historic structure						
	listed in the Natio	nal Register		2d					
3	Number of conse	rvation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization o	during the tax				
	year 🕨								
4	Number of states	where property subject to conservation eas	sement is located						
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, inspection, handling of						
		forcement of the conservation easements if							
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easer	nents during the year				
-									
7	Amount of expense	ses incurred in monitoring, inspecting, nanc	lling of violations, and enforcing conservation ea	sement	s during the year				
8		rvation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B) <i>(</i> i)					
•	and section 170(h	1 ()			Yes No				
9			on easements in its revenue and expense staten						
	balance sheet, an	d include, if applicable, the text of the footr	note to the organization's financial statements th	at desci	ribes the				
	organization's acc	counting for conservation easements.							
Pa	rt III Organiz	ations Maintaining Collections of	Art, Historical Treasures, or Other S	Similar	Assets.				
	Complete	if the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bal	ance sh	eet works				
			blic exhibition, education, or research in furthera	nce of p	ublic				
			ncial statements that describes these items.						
b	-		8, to report in its revenue statement and balance						
			exhibition, education, or research in furtherance	e of pub	lic service,				
	-	ing amounts relating to these items:		•	、				
				· ·	·				
0			asures, or other similar assets for financial gain,						
2	n une organization	neceived of heid works of art, historical tre	asures, or orner similar assers for imancial gain,	PIOVIDE					

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b Assets included in Form 990, Part X

26			
2021.05080	LITERACY	KANSAS	CITY

the following amounts required to be reported under FASB ASC 958 relating to these items:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

a Revenue included on Form 990, Part VIII, line 1

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Schedule D (Form 990) 2021

\$

\$

Sche		Y KANSAS C						43-14			age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	^r Other	[.] Similar	⁻ Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	ollowing that	make si	gnificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d	1 🗌 L	oan or exc	hange progra	m					
b	Scholarly research	e	, 🗌 c	Other							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of	or receive donations of	of art, hist	torical treas	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma						<u></u>		Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custodi								٦		٦
-	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:					Amount		
	De sinsis e la la ser								Amoun		
	Beginning balance										
	Additions during the year										
f	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •		_]
Pa											<u></u>
	· · ·	(a) Current year		ior year	(c) Two year		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administer	ed for th	e organiza	ation	r	<u> </u>	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Pai	t VI Land, Buildings, and Equipm		wment tu	nas.							
I UI	Complete if the organization answere) Part IV	line 11a S	ee Form 990	Part X	line 10				
	Description of property	(a) Cost or o			or other		ccumulate	a l			
	Description of property	basis (investr		• •	(other)	• •	preciation		(d) Bool	value	-
1a	Land				、 · /						
b	Buildings										
	Leasehold improvements			58	1,108.	1	L20,32	23.	460),78	85.
	Equipment				9,280.		204,92			1,3	
	Other				5,338.		48,94			5,38	
	. Add lines 1a through 1e. (Column (d) must e		X. colum							1,53	

Schedule D (Form 990) 2021

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Complete if the organization answered "Yes" on Form 990, Part X, line 12. (d) Book value (e) Book value (c) Obose yhold equily interests (Part VII	Investments - Other Securities.	n Form 000 Dart IV line 1	11b See Form 000 Port V line 10	
i) Final diametation Image: Second	(a) Descrin				of-vear market value
(a) Colorer (b) Other (b) Other (c) (b) Other (c) (c) (c) <			(b) Dook value	(c) Method of Valdation. Cost of chid	or year market value
(A)					
(A) (A) (B) (A) (C) (A) (D) (A) (A) (B) (A) (A) (A)					
(B) (B) (C) (C) (B) (C) (B) (C) (B) (C) (B) (C) (B) (C) (B) (C) (C) (C) (D)					
(C) (C) (C) (D) (C) (C) (E) (C) (C) (F) (C) (C) (G) (C) (C) (G) (C) (C) (G) (C) (C) (G) (C) (C) (C) (G) (C) (C) (C) (G) (C) (C) (C) (C) (G) (C) (C) (C) (C) (G) (C) (C) (C) (C) (C) (G) (C) (C) (C) (C) (C) (C) (G) (C)					
(D) (D) (E) (D) (D)					
(F) (G) (G) (G) (F) (G) (F) (F) (F)					
(G) (H) (H) (H) (H) (H) (I) (H) Part VIII Investments - Program Related. (a) Description of investment (b) Book value (e) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (e) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (a) Description (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description (b) Description (b) Description (c) Description (1) (a) Description (b) Book value (c) Description (c) Description (1) (b)	(E)				
(H)	(F)				
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Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (c) Method of valuation: Cost or end-of-year market value (2) (c) Method of valuation: Cost or end-of-year market value (3) (c) Method of valuation: Cost or end-of-year market value (4) (c) Method of valuation: Cost or end-of-year market value (5) (c) (c) Method of valuation: Cost or end-of-year market value (6) (c) (c) Method of valuation: Cost or end-of-year market value (6) (c) (c) Method of valuation: Cost or end-of-year market value (6) (c) (c) (c) Method of valuation: Cost or end-of-year market value (7) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(H)				
Complete if the organization answered "Ves" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (c) (c) Method of valuation: Cost or end-of-year market value (2) (c) (c) (c) (3) (c) (c) (c) (4) (c) (c) (c) (5) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (a) Description (b) Book value (c) (c) (c) (c) (1) (c) Description (b) Book value (c) (c) (c) (c) (1) (c) Description answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (c) (6) (c) Description of liability (c) Book value (c) (c) (c)	otal. (Col. (I Part VIII	b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (3) (c) (c) (c) (c) (c) (c) (4) (c)	urt viii		n Form 990 Part IV line 1	11c. See Form 990. Part X line 13	
(1) (2) (3) (4) (4) (4) (5) (5) (6) (7) (7) (7) (8) (7) (9) (7) (9) (7) (9) (7) (1) (1) (2) (2) (3) (2) (3) (3) (4) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) Other Liabilities (9) Complete if the organization answered "Yes" on Form 990, Part IV, line 116. See Form 990, Part X, line 25. (6) (7) (7) (9) Other Liabilities (9) Complete if the organization answered "Yes" on Form 990, Part IV, line 116 or 11f. See Form 990, Part X, line 25. (9) (9) (9) (1) Federal income taxes (9) (2) (9) (9) (3) (9) (9) (4) (9)<					of-vear market value
(2) (3) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (2) (2) (3) (2) (4) (2) (3) (2) (4) (2) (3) (2) (4) (2) (6) (1) (7) (2) (3) (2) (4) (2) (4) (2) (6) (2) (7) (3) (6) (4) (7) (3) (6) (4) (7) (2) (1) (2) (2) (3) (3) (4) (4) (5) (6) (6) (7) (9) (1) Federal income taxes (2) (3) (3	(1)		(2) 2000 1000		
(3)					
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(6) (7) (8) (8) (9) (9) (9) (1) (1) (9) (1) (1) (9) (1) (1) (1) (2) (3) (3) (4) (1) (6) (1) (2) (3) (2) (3) (4) (4) (4) (5) (2) (3) (7) (2) (3) (9) (2) (3) (7) (4) (4) (6) (7) (4) (7) (6) (6) (9) (1) (2) (1) (2) (3) (1) (2) (3) (2) (3) (4) (1) (2) (3) (1) (2) (3) (2) (3) (4) (1) Federal income taxes (5) (2) (3) (4) (5) (3) (4) (4) (5)					
(7) (8)					
(9)					
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(8)				
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (b) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (c) Sook value (1) Federal income taxes (c) Sook value (c) Sook value (2) (a) Description of liability (b) Book value (b) Ederal income taxes (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (b) Ederal income taxes (c) Sook value (c) (c) (c)	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (b) Book value (1) (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Other Liabilities. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (c) (3) (c) (4) (c) (5) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c)	otal. (Col. (I	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
(a) Description (b) Book value (1)	Part IX				
(1)				11d. See Form 990, Part X, line 15.	
(2) (3) (3) (4) (4) (5) (6) (7) (7) (7) (8) (7) 9) (7) other Liabilities. (7) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (1) (4) (5) (5) (1) (6) (1) (7) (1) (8) (1) (9) (1) (6) (1) (7) (1) (8) (1) (9) (1)		(a) D	escription		(b) Book value
(3)					
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(8) Image: state of the					
(9) Image: style st					
ottal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c)		mp (b) must aqual Form 990. Part X cal (P) line	15)		
(a) Description of liability (b) Book value (1) Federal income taxes - (2) - (3) - (4) - (5) - (6) - (7) - (8) - (9) -	Part X	Other Liabilities.	13.)		
(1) Federal income taxes			n Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
(2) (3) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9)		(a) Description of liability			(b) Book value
(3) (4) (4) (5) (5) (6) (7) (7) (8) (9)		leral income taxes			
(4) (5) (6) (7) (8) (9)					
(5) (6) (7) (7) (8) (9)					
(6) (7) (8) (9)					
(7) (8) (9) (9)					
(8)					
(9)					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 LITERACY KANSAS CITY		43-1	435729 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,294,201.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,294,201.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			3,294,201.
Ра	rt XII Reconciliation of Expenses per Audited Financial Stat	-	nses per Returr	.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	3,049,360.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,049,360.
3 4				3,049,360.
3 4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3,049,360.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		3,049,360.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4a 4b	3	0.
4 a b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	3	3,049,360. 0. 3,049,360.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

FORM 990 PART XII LINE 2B

MANAGEMENT HAS EVALUATED TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN
THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS WITH ASSISTANCE
FROM THE ORGANIZATION'S TAX PREPARER TO DETERMINE WHETHER ITS TAX
POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED BY APPLICABLE TAXING
AUTHORITIES; LIKELY TAX POSITIONS ARE REPORTED IN THESE FINANCIAL
STATEMENTS, AND MANAGEMENT IS UNAWARE OF ANY UNLIKELY TAX POSITIONS WITH
THE RESULT THAT NONE ARE REPORTED.

132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047				
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. Op												
Department of the Treasury		-	-		-			Open to Public				
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	E i i i	Inspection				
Name of the organization	ation LITERACY KANSAS CITY 43-1435729 raising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not											
	complete this part		ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not				
a Ail solicitat b Internet and c Phone solici	tions email solicitations tations		tion of tion of	non-g gover	overnment grants nment grants							
key employees list	on have a written o ed in Form 990, Pa highest paid indiv	or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization.	rofessi	onal fi	undraising services?		Ye:					
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No	-							
								-				
				L								
		n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from re] gistration				
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form S)90 or	990-E	Z.		Schedul	e G (Form 990) 2021				

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF CLASSIC	LUNCHEON		col. (c)
e			(event type)	(event type)	(total number)	
hevenue	1	Gross receipts	144,644.	69,086.		213,730
	2	Less: Contributions				
_	3	Gross income (line 1 minus line 2)	144,644.	69,086.		213,730
	4	Cash prizes				
s	5	Noncash prizes				
kpense	6	Rent/facility costs		2,600.		2,600
Direct Expenses	7	Food and beverages	5,000.	3,775.		8,775
	8	Entertainment				
	9	Other direct expenses		4,188.		17,206
	10	Direct expense summary. Add lines 4 through		· · · ·	•	28,581
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		>	185,149
ν		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
hevenue			(4) 2	bingo/progressive bingo	(0) 0 1101 9011119	col. (a) through col. (c
Ţ	1	Gross revenue				
ses	2	Cash prizes				
Ulrect Expenses	3	Noncash prizes				
nirect	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)			
	Ent	er the state(s) in which the organization condu	icto gaming activitios:			
				states?		Yes N
а	ls t	he organization licensed to conduct gaming a				
а	ls t	he organization licensed to conduct gaming a No," explain:				
a b)a	Is t If "I	No," explain:	evoked, suspended, or te	rminated during the tax ye	ear?	Yes . N
a b	Is t If "I	No," explain:	evoked, suspended, or te	rminated during the tax ye	ear?	YesN

Sch	edule G (Form 990) 2021	LITERACY	KANSAS CITY	7	43-14	35729	Page 3
11	Does the organization conduct g	aming activities with	nonmembers?			Yes	No
	Is the organization a grantor, ben	neficiary or trustee or	a trust, or a member	of a partnership or other entity formed	_		
					L	Yes	No
	Indicate the percentage of gamin				1		
						13a	%
						3b	%
14	Enter the name and address of the	e person who prepa	res the organization's	gaming/special events books and reco	ords:		
	Name ►						
	Address 🕨						
15a	Does the organization have a cor	ntract with a third pa	ty from whom the org	ganization receives gaming revenue?	[Yes	🗌 No
ł	If "Yes." enter the amount of gan	ning revenue receive	d by the organization	\$ and the ar	nount		
	of gaming revenue retained by th				liount		
c	If "Yes," enter name and address						
	Name 🕨						
	Address 🕨						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	▶ \$					
	Description of convisoe provided	•					
	Description of services provided						
	Divector/officer			ndent contractor			
	Director/officer	Employee		ndent contractor			
17	Mandatory distributions:						
á	Is the organization required unde	r state law to make	haritable distribution	s from the gaming proceeds to	F		
	retain the state gaming license?					Yes	└── No
k		•		to other exempt organizations or spen	t in the		
Pa	organization's own exempt activi Int IV Supplemental Info			red by Part I, line 2b, columns (iii) and (v): and Part II	l lines 9	9h 10h
				nformation. See instructions.	v), and i art ii	i, iii ies 5,	35, 105,
		<u> </u>	<u> </u>				
						o (7	
1320	83 10-21-21		32		Schedule	G (Form	990) 2021

Part IV	Supplemental Information	on (continued)		
				Schedule G (Form 990)
132084 11-18-	-21			

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SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



LITERACY KANSAS CITY

43-1435729

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DIRECT SERVICES, ADVOCACY, AND COLLABORATION. OUR VISION IS LITERACY

FOR ALL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DESIGN LESSONS TO HELP THEM MEET THESE GOALS. LET'S READ, OUR FAMILY

IS A MULTI-GENERATIONAL APPROACH TO BUILDING A READING PROGRAM,

TRADITION OF READING IN THE HOME. THROUGH A NATIONALLY UNIQUE

PARTNERSHIP WITH KANSAS CITY PUBLIC LIBRARY AND MID-CONTINENT PUBLIC

LIBRARY, CAREER ONLINE HIGH SCHOOL ALLOWS STUDENTS TO EARNS AN

ACCREDITED HIGH SCHOOL DIPLOMA WITH AN ATTACHED CAREER CERTIFICATE

THROUGH A CONVENIENT ANYTIME, ANYWHERE ONLINE LEARNING PLATFORM. AND

BECAUSE WE BELIEVE IN THE MULTIFACETED NATURE OF LITERACY, ALL TICKET

TO READ PROGRAM STUDENTS COMPLETE A DIGITAL LIFE SKILLS CLASS WHERE

STUDENTS REVIEW THE BASICS OF COMPUTERS, LEARN NEW SKILLS, AND BECOME

FAMILIAR AND COMFORTABLE WITH USING OUR ON-SITE COMMUNITY COMPUTER LAB.

DIGITAL LITERACY INSTRUCTION IS EMBEDDED IN ALL OF OUR PROGRAM.

FORM 990, PART VI, SECTION B, LINE 11B:

FINAL VERSION OF THE FORM 990 IS PROVIDED BY EMAIL TO ALL MEMBERS OF THE GOVERNING BODY BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS

THAT COULD GIVE RISE TO CONFLICTS OF INTEREST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

Name of the organization

LITERACY KANSAS CITY

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION IS DECIDED AND VOTED ON BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMETNS AVAILABLE TO THE PUBLIC DURING THE TAX YEAR UPON

REQUEST.

FORM 990, PART XII, LINE 2C

OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION FOR FINANCIAL

STATEMENTS:

THE BOARD ASSUMES RESPONSIBILITY OF THE AUDIT AND REVIEW OF ITS

FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

FORM 990 ELECTIONS

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

LITERACY KANSAS CITY

3036 TROOST AVE

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KANSAS CITY, MO 64109

EMPLOYER ID NUMBER: 43-1435729

FOR THE YEAR ENDING JUNE 30, 2021

\mathbf{L}	ITERACY	KANSAS	CITY	IS	MAKING	THE	DE	MINIMIS	SAFE	HARBOR	ELECTION	N	
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Schedule O (Form 990) 2021 Name of the organization	Employer identification number 43-1435729
LITERACY KANSAS CITY	43-1435729
NDER REG. SEC. 1.263(A)-1(F).	

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